



Department of Agriculture, Trade and Consumer Protection

No Call Complaint

Please attach **two sets** of copies (**both sides**) of all documentation that supports your complaint, such as: invoices, receipts, contracts, cancelled checks, advertisement/catalog page showing item ordered, lease documents, telephone bills.

1. How do we contact you?

Name: (Mr. Mrs. Miss Ms.) _____
(circle one) (first) (middle) (last)

Address: _____ PO Box: _____ Apt.# _____

City: _____ State: _____ Zip: _____ County: _____

Home phone number telemarketer called: () _____ Email address: _____

Work phone: () _____ ext. _____ or () _____ ext. _____

Phone me between 8:00 A.M. and 4:00 P.M. at: (circle one) Home Work Best time: _____

Your local telephone company _____

Your long distance telephone company _____

2. What telemarketer is your complaint against?

Name of telemarketing firm: _____

Address: _____ PO Box: _____

City: _____ State: _____ Zip: _____ County: _____

Name of company that telemarketer was soliciting for: _____

Phone number appearing on Caller ID (if available): _____

Any other numbers provided by telemarketer: _____

Name of person you talked to: _____ Title: _____

Manager's name (if available): _____

Information about your complaint

3. Date of call: month _____ day _____ year _____
- Time of call: _____ ☐ a.m. ☐ p.m. Length of conversation (in minutes): _____
4. Your age or the age of the person in your household who spoke to the telemarketer? _____
5. What product, service, prize or contest was offered? _____
6. Telemarketer said they got your number from: _____
7. Please check the boxes that apply to the solicitation/telemarketer.
- ☐ Call was made to your residential phone number, which is on DATCP's No Call List.
 - ☐ Telemarketer was told phone number is on No Call List.
 - ☐ What did the telemarketer say? _____
 - ☐ Telemarketer was seeking a donation for a charitable cause. What or who was it for? _____
 - ☐ Phone number or message was saved on Caller ID, message machine or another service.
 - ☐ Caller identification was blocked by the telemarketer.
 - ☐ You previously bought goods or services from the company.
When and what did you buy? _____
 - ☐ Telemarketer used threatening, intimidating or profane language.
 - ☐ Telemarketing message was a recording, no "live" person greeted you.
 - ☐ Telemarketer or company has called before and was told not to call back.
What date was this? month _____ day _____ year _____

IMPORTANT: More questions on the back page (over)

The telemarketer:

- ☐ Identified her/himself.
- ☐ Identified the company s/he represents.
- ☐ Asked whether you wanted to listen to a sales pitch.
- ☐ Explained the purpose of the call.
- ☐ Clearly and simply described what s/he was selling.
- ☐ Immediately ended the call if you said you were not interested.

8. Did the telemarketer mail any follow-up literature to you? ☐ yes ☐ no If yes, please attach to complaint.

9. You would be willing to testify in court regarding this complaint if needed. ☐ yes ☐ no

10. You give permission to the Department of Agriculture, Trade and Consumer Protection to obtain any records related to this call from your telecommunications carrier. ☐ yes ☐ no

11. Describe your complaint in detail. _____

12. How do you feel your complaint should be resolved? *(please be specific)*

This complaint and the information you provide will be used in efforts to resolve your problem and will typically be shared with the party complained against. It may also be used to enforce applicable state laws. Under Wisconsin's Open Records Law, this complaint will be available for public review upon request, after this department's action is completed.

The above information is true and accurate to the best of my knowledge.

Your signature: _____ **Date:** _____

Return this form and copies of your papers to our office located nearest to the business:

NORTHWEST REGIONAL OFFICE	SOUTHEAST REGIONAL OFFICE	NORTHEAST REGIONAL OFFICE	SOUTHWEST REGIONAL OFFICE
3610 Oakwood Hills Pkwy	10930 W Potter Rd Ste C	200 N Jefferson St Ste 146A	PO Box 8911
Eau Claire WI 54701	Milwaukee WI 53226-3450	Green Bay WI 54301	Madison WI 53708-8911
(715) 839-3848	(414) 266-1231	(920) 448-5110	(608) 224-4960
FAX: (715) 839-1645	FAX: (414) 266-1235	FAX: (920) 448-5118	FAX: (608) 224-4963

If the business is located outside of Wisconsin return this form to our Consumer Information Center:

DATCP - CONSUMER INFORMATION CENTER

PO Box 8911
Madison WI 53708-8911
(800) 422-7128

FAX: (608) 224-4939
TDD: (608) 224-5058

EMAIL: NoCallWI@datcp.state.wi.us
WEBSITE: <http://NoCall.Wisconsin.gov>